

The Bolton Butlers LLC

PET SITTING INTAKE FORM

PET OWNER INFORMATION

Name:

Address:

Phone:

Email:

EMERGENCY CONTACT DETAILS (someone in town when you are away)

Name:

Relationship:

Phone:

PET INFORMATION

Name:

Breed:

Color:

Age:

Allergies:

Feeding Instructions/Schedule:

Daily Routine (Potty breaks, Bedtime, Scared in bad weather, fireworks)

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Breed:

Color:

Age:

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Daily Routine (Potty breaks, Bedtime, Scared in bad weather, fireworks?)

VETERINARIAN INFORMATION

Name: _____

Clinic Name & Address: _____

Phone: _____

Pets Medical History: _____

Pets Current Illnesses: _____

Medications: _____

HOME INFO/ACCESS

How will we enter your home? garage door, door to house? We request a garage door opener if available _____

Codes we will need: _____

We always request a key as back up in addition to any codes or garage door openers

Any other home information needed/ surveillance inside or outside? _____

Is a kennel used? _____ Do you have a doggy door? _____ Will dogs be using it? _____

Will anyone else be in your home while you are gone? _____

Bring in your mail? _____ Day of week trash is picked up _____ Put out trash on trash day? _____

SERVICE DATES

Start Date : _____ End Date: _____ Overnights YES ___ NO ___

Dates of overnights: _____ 10 Hr ___ 12 Hr ___

Check in options: 20 min- play and potty, 25 min- potty,feed,play,potty, 30 min-more play time added, List dates and number and length of check ins needed:

EX: 6/10- two 25 min and one 20 minute check in

DATES:

Additional

Information: _____

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Additional Pet Information

PET INFORMATION		
Name:	Breed:	
Color:	Age:	Allergies:
Feeding Instructions/Schedule:		
Daily Routine (Potty breaks, Bedtime, Scared in bad weather, fireworks?)		

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PET SITTING AGREEMENT

PET OWNER RESPONSIBILITIES

If the pet(s) have any known behavioral issues or aggression triggers, the Pet Owner must disclose these details to the Pet Sitter. The Pet Sitter has the right to refuse to provide the Services if the pet(s) have a contagious disease or display aggressive and dangerous behavior.

PAYMENT AND FEES

The payment for the Services is due on or before the first day of services. If the payment is not made by the due date, a late payment fee of \$10.00 may be charged. In the event of non-payment, the Pet Sitter reserves the right to withhold or terminate services. No refund if client chooses to return earlier than booked dates. These dates were reserved and no other bookings could be taken.

CONFIDENTIALITY

The Pet Sitter should keep all of the Pet Owner's information (e.g., contact information, home access codes, security measures, etc.) strictly confidential.

EMERGENCIES

In the event of a pet medical emergency or illness during the service period, the Pet Sitter will make every reasonable effort to contact the Pet Owner or their emergency contact immediately. If the Pet Owner cannot be reached in time, the Pet Owner authorizes the Pet Sitter to seek emergency veterinary care for their pet if necessary for the pet's health, safety, and well-being. The Pet Owner shall be responsible for all associated veterinary expenses.

CANCELLATION AND TERMINATION

The Pet Owner is required to provide notice at least 5 days prior to the start date. If a cancellation is made after this period, a cancellation fee of \$20 may be imposed. The Pet Sitter reserves the right to cancel or terminate services at any time due to unsafe work conditions or aggressive pet behavior. Should the Pet Sitter cancel the Services, the Pet Owner will be notified, and a 50% refund of any pre-paid fees will be provided.

LIABILITY

The Pet Owner agrees to indemnify and hold harmless the Pet Sitter from any claims, liabilities, damages, expenses (including legal fees), or harm to the pet(s) arising from the Services, except in cases of gross negligence or willful misconduct by the Pet Sitter.

By signing below, both parties acknowledge and agree to the terms and conditions stated in this agreement.

PET OWNER'S SIGNATURE

DATE

Debbie Bolton

PET SITTER'S SIGNATURE

DATE